

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047391

STATE FILE NUMBER

Registration District No. 72

Primary Registration District No. 3013

Registrar's No. 275

FILED DEC 30 1963

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY CLAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) NORTH KANSAS CITY		c. CITY OR TOWN AVONDALE	
Length of stay in 1b 2-3 Hrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MEMORIAL HOSPITAL		d. STREET ADDRESS (If outside, give location) 2809 WALNUT ROAD	
3. NAME OF DECEASED (Type or print) First KARREN Middle ANNE Last DESSELLE		4. DATE OF DEATH Month 12 Day 23 Year 63	
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/22/63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE	
11a. FATHER'S NAME ROBERT DESSELLE		11b. MOTHER'S MAIDEN NAME LOUISE DARLENE POWERS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT ROBERT DESSELLE, 2809 WALNUT, RD.		Address Avondale, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chromosomal infant 18 wks gestation Premature rupture of membranes Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour [REDACTED] a.m. [REDACTED] p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw her alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Melody McGilley-Eyla (Degree or title)		22b. ADDRESS 2025 Swift Rd/KCMO	
22c. DATE SIGNED 12-29-63 (State)		22d. LOCATION (City, town, or county) KANSAS CITY, MO.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12/24/63	23c. NAME OF CEMETERY OR CREMATORY FOREST HILL	23d. LOCATION (City, town, or county) KANSAS CITY, MO.
24. FUNERAL DIRECTOR Melody-McGilley-Eyla r ADDRESS Antioch Cha'pel		25. DATE RECD. BY LOCAL REG. 12-24-63	
26. REGISTRAR'S SIGNATURE Marguerite Hudgins			

3325 Vivion Rd, K.C.19, MO.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

Dr. Langhorne

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James E. Hackleman

Licensed Embalmer No. 4573

P. O. Address K. C. 9 W. D.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.